

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2038
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PERMITTING OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Consolidated Oil & Gas, Inc.

Address
P.O. Box 2038, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Natural Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain):

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JUN 04 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name LEEDS	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State Federal or Free XXXX Federal XXX	Lease No. NM021123
Location Unit Letter <u>E</u> , <u>1600'</u> Feet From The <u>north</u> Line and <u>1000</u> Feet From The <u>west</u> Line of Section <u>8</u> Township <u>31N</u> Range <u>12W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, N.M. 87499
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, N.M. 87413
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>8</u> Twp. <u>31N</u> Rge. <u>12W</u>	Is gas actually connected? <u>No</u> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Barbara E. Rex
(Signature)
Production & Drilling Technician
(Title)
5-30-84
(Date)

OIL CONSERVATION DIVISION
6-13-84
APPROVED JUN 13 1984
BY _____ Original Signed by FRANK T. CHAVEZ
TITLE _____ SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable (for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
			X	X					
Date Spudded 3-16-84	Date Compl. Ready to Prod. 5-29-84	Total Depth 7082'		P.B.T.D. 7034' (FC)					
Elevations (DF, RKB, RT, CR, etc.) 5911' KB, 5899' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 6806'		Tubing Depth 6936'					
Perforations 6806'-6952' (74 perfs)				Depth Casing Shoe 7079'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-1/4"	8-5/8"	270'		250 cu ft					
7-7/8"	5-1/2"	7079'		250 cu ft 2384					
-	1-1/2" tbg	6936'		-					
		(Packer @ 6350')							

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL 5-29-84

Actual Prod. Test - MCF/D 1159	Length of Test 3 hours	Bbls. Condensate/MCF trace	Gravity of Condensate NA
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-In) 817	Casing Pressure (Shut-In) pkr	Choke Size 2" X 3/4"